

Personal Care Services (age 21 and older)

Refer to Chapter 10-Medicaid State Plan Services for Children under 21

Definition: Personal Care Services are defined as assistance, either hands-on (actually performing a personal care task for a person) or cueing so that the person performs the task by him/herself, in the performance of Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs). ADLs include eating, bathing, dressing, toileting, transferring, personal hygiene, and maintaining continence. IADLs capture more complex life activities and include light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, to include informing a participant that it is time to take medication as prescribed by his/her physician or handing a participant a medication container, and money management to consist of delivery of payment to a designated recipient on behalf of the participant.

Authorizations to providers will be made at two different payment levels. The higher level will be called Personal Care II and will be used, based on assessed need, when the majority of care is related to activities of daily living (e.g. hands-on care to include bathing, dressing, toileting, etc.). This service may also include monitoring temperature, checking pulse rate, observing respiratory rate, and checking blood pressure. The lower level, Personal Care I, will be authorized when, based on assessed need, all of the care is for instrumental activities of daily living (e.g. hands off tasks such as laundry, meal preparation, shopping, etc.). PC I services do not include hands-on care.

Personal Care 2 services may include escort and transportation when necessary. This must be specifically documented on the Support Plan; there must be no other resources available; and, the provision of transportation will depend upon the personal care provider's policy in this regard.

Both services allow the provider to accompany the participant on visits in the community when the visits are related to the needs of the participant, specified in the plan of care, and related to needs for food, personal hygiene, household supplies, pharmacy or durable medical equipment. You have the responsibility to identify the necessity of the trip, document the plan of care, authorize this component of the service, and monitor the provision of the services.

Personal Care services can be provided on a continuing basis or on episodic occasions. Under no circumstances will any type of skilled medical service be performed by an aide except as allowed by the Nurse Practice Act and prior-approved by a licensed physician. The Nurse Practice Act is available on the following web page: <http://www.scstatehouse.gov/code/t40c033.php>

Please see Scope of Services for Personal Care 1 (PC 1) and Personal Care 2 (PCII) Services on the SC DHHS website (<http://www.scdhhs.gov>) for more information.

The unit of service is 15 minutes, provided by one Personal Care Aide (PCA).

Please see: Scope of Services for Personal Care 1 (PC I) Services
 Scope of Services for Personal Care 2 (PC II) Services

Note: Service options available via the CS Waiver when a person is assessed to need assistance with IADLs or ADLs are **Personal Care Services** or **In-Home Supports Services**.

Note: **In-Home Supports services are services where the participant/family can supervise the care provided by a personal care aide. Refer to the "In-Home Supports" section of Chapter 10 in this manual for further information to provide to participants/families.**

Note: Personal Care services are not interchangeable with Respite Services

Providers: Personal Care Services are provided by an agency contracted with the Department of Health and Human Services. The participant/family should be given a listing of available providers from which to choose. **The offering of this provider choice must be documented.**

Agencies contracted with the Department of Health and Human Services must adhere to the requirements noted in the Scope of Services for Personal Care Services (1 and 2) for the ID/RD Waiver, which specifies the minimum qualifications for a PCA 1 and for a PCA 2.

Relatives/family members of a waiver recipient may be paid to provide Personal Care Services only as specified in DDSN policy 736-01-DD.

Conflict Free Case Management:

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Services: In order to determine the amount of Personal Care Services needed, the WCM must complete the **SCDDSN Personal Care/Attendant Care Assessment** prior to authorizing the service and annually face to face for the duration of the service to be included with the Case Management Annual Assessment and as changes/updates are requested. The need for the service must be clearly outlined in the participant's plan to include the amount, frequency, duration and provider type of services. Personal Care Services (I or II) are approved by the SCDDSN Waiver Administration Division.

Authorizing Services: To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. The authorization must indicate either Personal Care Services I (PC I) or Personal Care Services II (PC II) and include the personal care activities that are requested. These activities must correspond to the assessment (see notes on the assessment).

The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Monitoring the Services: The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring Personal Care Services (I and II).

- Yearly on-site monitorship required.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- Is the participant receiving Personal Care services as authorized?
- Does the PCA show up on time and stay the scheduled amount of time?
- If the PCA does not show up for a scheduled visit, who is providing back-up services?
- What kinds of tasks is the PCA performing for the participant? Does the service need to continue at the level that it has been authorized?
- Has the participant's health status changed since the last monitorship? If so, is the current level of Personal Care appropriate?
- Is the participant satisfied with the provider of services? Does the provider show the participant courtesy and respect when providing the participant's care?
- Who is providing supervision of the PCA? How often is on-site supervision taking place?

Reduction, Suspension, or Termination of Services: If services need to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian. Include the details regarding the change(s) in service and the Reconsideration Information. The WCM must wait ten (10) calendar days before proceeding with the reduction, suspension or termination of the service. See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.